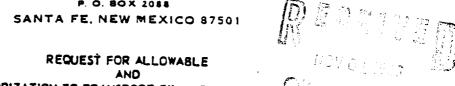
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SAMTA PE			
FILE			
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	014		
	-		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83



	AND		
I.	PORT OIL AND NATURAL GÁS		
Meridian Oil Inc.			
Address			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box) Change is Transporter of:	Change in Transporter els Marridian Oil Transia O		
	meridian off inc. is Operator		
▼	condenses		
If change of ownership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including F	Ledse No.		
McConnell 8 Ballard Pictur	red Cliffs State Federal or Fee NM 09840		
Unit Letter K : 1800 Feet From The South	ne and1800 Feet From The West		
Line of Section 25 Township 26N Range	9W NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS Addiess (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499		
Name of Authorized Transporter of Casinghedd Gas ar Dry Gas (A	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids. Unit Sec. Twp. Rgs. give location of tanzs. K 25 26N 9W	Is gas actually connected? When		
I this production is commingled with that from any other lesse or pool,	give comminging order number		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
	NOV 0.1 1986		
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED, 19		
ny knowledge and belief.	8Y		
	TITLE SUPERVISION DISTRICT # 3		
C Vann X Jak	This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or despense		
Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(Tule) 11-1-86	All sections of this form must be filled out completely for silow- able on new and recompleted wells.		
(Date)	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
·	Separate Forms C-104 must be filed for each pool in multiply		
· I	completed wells.		